



Application for Gubernatorial Appointment to a Board or Commission

- **This is only an application. No appointment is official without a letter of appointment from the Governor.**
- Applicants are strongly encouraged to attach a current resume or biography.
- Specifically list the names of the boards or commissions to which you are applying (multiple selections are allowed).
- Return application along with your resume to:

Andrew Norris, Office of the Governor, State House Room 206, Indianapolis, Indiana 46204

- The completed application may also be faxed to (317) 233-3378; attention Andrew Norris.

Board(s) or Commission(s) for which you would like to be considered:

Name and address:

Name: _____

Business Address: _____

Home Address: _____

County: _____

County: _____

Business Phone: _____

Home Phone: _____

Business Fax: _____

Home Fax: _____

Business E-mail: _____

Home E-mail: _____

State House and
Senate Districts: _____

Congressional
District: _____

Are you registered to vote in the State of Indiana? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Political Affiliation: ☐ D ☐ R ☐ I *Several of the state's boards and commissions require a political balance among members.

Do you hold or are you filed as a candidate for elected office (either state or local)? ☐ Yes ☐ No

What office? _____

Have you ever been convicted of or charged with a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) ☐ Yes ☐ No If so, please attach particulars. *A yes answer does not automatically disqualify you from an appointment.

Have you ever been involved in a situation that could potentially be an embarrassment to the Governor should you be appointed?
☐ Yes ☐ No If so, please attach particulars.

Are you currently a registered and compensated lobbyist? ☐ Yes ☐ No

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

Branch of service: _____ Highest rank achieved: _____

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Professional licenses held (and license #):

References (name, title, contact phone number):

1.

2.

3.

Previous employment or experience relevant to board or commission sought:

Memberships in professional or civic organizations (please include offices held and dates of terms):

Have you served previously on a government board or commission? If so, please provide the board or commission name and year(s) served:

Signature: _____

Date: ____/____/____



**INDIANA STATE POLICE
CRIMINAL INVESTIGATION DIVISION**

REQUEST FOR BACKGROUND CHECK-INFORMATION FORM

LEVEL I ☐ **LEVEL II** ☐ **LEVEL III** ☐

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'s HOME: _____ WORK: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE TYPE: ☐ OPER ☐ OP/MC ☐ PP/CHAUF ☐ CHAUF ☐ ID

DRIVERS LICENSE NUMBER: _____ EXPIRES _____

RESTRICTIONS: _____

SEX: M ☐ F ☐ RACE: _____

JOB TITLE: _____

OCCUPATION: _____

PROFESSIONAL LICENSES HELD: _____

LICENSE NUMBER: _____

EXPIRATION: _____



STATE OF INDIANA

INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259
www.state.in.us/isp

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), criminal history record, credit record, educational record, employment record, medical record, selective service record, record of any disciplinary proceeding with the Indiana Supreme Court Disciplinary Commission, or license complaints filed with any government agency, to release such information to the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in releasing this information to the Indiana State police Department including liability under any Federal Law.

Signature

Date of Birth

Social Security Number

Date

Witness

INTEGRITY • SERVICE • PROFESSIONALISM